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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/884,448	06/20/2001	2152	588	P66813US0	5	37	3

CONFIRMATION NO. 1322

## UPDATED FILING RECEIPT



\*OC000000007047736\*

JACOBSON HOLMAN  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, DC 20004

Date Mailed: 11/09/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Ludger Wolfel, Dortmund, GERMANY;  
Michael Kuschke, Dortmund, GERMANY;  
Andreas Timmermann, Dortmund, GERMANY;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 08/14/2001

Projected Publication Date: 12/26/2002

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

Title

Method of handling a data request

Preliminary Class

709

RECEIVED  
DEC 05 2001  
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Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: WOELFEL et al.

Serial No.: 09/884,448

Group Art Unit: 2152

Filed: June 20, 2001

For: METHOD OF HANDLING A DATA REQUEST

REQUEST FOR FILING RECEIPT CORRECTION

Assistant Commissioner  
for Patents  
Office of Initial Patent Examination  
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Washington, DC 20231

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Sir:

Please correct the "updated" filing receipt, copy attached, for the above-identified application as follows:

In the "Applicant(s)" section, please change "Wolfel" to --Woelfel--; and

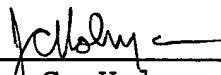
please change the city of the second applicant from "Dortmund" to --Hamm--.

Kindly return the "Corrected" filing receipt to the undersigned attorneys of record.

Respectfully submitted,

JACOBSON HOLMAN PLLC

By: \_\_\_\_\_

  
John C. Holman  
Reg No. 22,769

400 Seventh Street, N.W.  
Washington, D.C. 20004-2201  
(202) 638-6666  
Atty. Docket: P66813US0  
Date: November 19, 2001



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Bib Data Sheet

CONFIRMATION NO. 1322

<b>SERIAL NUMBER</b> 09/884,448	<b>FILING DATE</b> 06/20/2001 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> P66813US0
<b>APPLICANTS</b> Ludger Woelfel, Dortmund, GERMANY; Michael Kuschke, Hamm, GERMANY; Andreas Timmermann, Dortmund, GERMANY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/14/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON ,DC 20004				
<b>TITLE</b> Method of handling a data request				
<b>FILING FEE RECEIVED</b> 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	